



ATTORNEY DOCKET NO. 19113.0093U2  
EXPRESS MAIL NO. EV 915421675 US

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of

**Mark S. George *et al.***

Application No.: **10/509,262**

Filing Date: **May 11, 2005**

For: **METHODS AND SYSTEMS FOR  
USING TRANSCRANIAL MAGNETIC  
STIMULATION TO ENHANCE COGNITIVE  
PERFORMANCE**

Art Unit: **3762**

Examiner: **Getzow, Scott M.**

Confirmation No. **5307**

**TRANSMITTAL LETTER**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Ballard Spahr Andrews & Ingersoll, LLP  
Customer Number 23859

Sir:

Transmittal herewith is/are the following in the above-identified application:

- |                                     |                                     |                                     |                                |
|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------------|
| <input checked="" type="checkbox"/> | Response to Non Final Office Action | <input checked="" type="checkbox"/> | Petition For Extension of Time |
| <input checked="" type="checkbox"/> | Fee as calculated below             | <input type="checkbox"/>            | Supplemental Declaration       |
| <input type="checkbox"/>            | No Additional Fee Required          | <input type="checkbox"/>            | Terminal Disclaimer            |
| <input type="checkbox"/>            | Corrected Drawings                  | <input type="checkbox"/>            | Other _____                    |

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE		ADDITIONAL FEE
Total Claims	21	21	0	X \$50.00		\$0.00
Independent Claims	5	5	0	X \$210.00		\$0.00
<input type="checkbox"/> First Presentation of a Multiple Dependent Claim				+ \$370.00		\$0.00
EXTENSION FEE	1 <sup>st</sup> Month \$120 <input type="checkbox"/>	2 <sup>nd</sup> Month \$460 <input type="checkbox"/>	3 <sup>rd</sup> Month \$1050 <input checked="" type="checkbox"/>	4 <sup>th</sup> Month \$1640 <input type="checkbox"/>	5 <sup>th</sup> Month \$2230 <input type="checkbox"/>	\$1,050.00
<input type="checkbox"/> Reduction by ½ for filing by SMALL ENTITY (Note 37 C.F.R. §1.9, §1.27, §1.28) -						- \$525.00
TOTAL FEE DUE						\$525.00

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**APPLICATION NO. 10/509,262**

**Payment:**

- ☐ A check in the amount of \$\_\_\_\_\_ is enclosed.
- ☒ Payment by credit card in the amount of \$525.00 for the fees designated above is submitted via enclosed Form PTO-2038.
- ☐ Payment by credit card in the amount of \$\_\_\_\_\_ for the fees designated above is submitted via EFS-Web.
- ☐ The Commissioner is authorized to charge our Deposit Account No. 14-0629 in the amount of \$\_\_\_\_\_ to cover the above-listed additional fees. A duplicate copy of this transmittal is enclosed.
- ☒ In the event of an overpayment or improper payment of a required fee, the Commissioner is authorized to charge or credit our Deposit Account No. 14-0629 as required to correct the error.

Ballard Spahr Andrews & Ingersoll, LLP

/Charley F. Brown #52,658/  
Charley F. Brown  
Registration No. 52,658

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